Education, Labor, and Pensions of the Senate regarding the improved, transparent processes developed under this section;

(2) include in such report recommendations for opportunities for communication (by telebriefing, phone calls, or in-person meetings) between the Secretary and States, localities, Tribes, and territories regarding such improved, transparent processes; and

(3) submit such report in unclassified form to the greatest extent possible, except that the Secretary may include a classified appendix if necessary to protect national security.

SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

Section 319F–2(f)(1) of the Public Health Service Act (42 U.S.C. 247d-6b(f)(1)) is amended by striking ''$610,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$705,000,000 for each of fiscal years 2021 through 2023''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Mrs. DINGELL) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 7574.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Mrs. DINGELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of the Strengthening America's Strategic National Stockpile Act of 2020.

This legislation incorporates a number of provisions to modernize the Strategic National Stockpile and to ensure that we are adequately prepared for future public health emergencies.

The current COVID–19 pandemic has shown the importance of ensuring that the United States has adequate manufacturing capacity and stockpiles of PPE and other medical equipment so that America's first responders and healthcare workers are prepared for public health emergencies.

In the early days of the pandemic, our frontline healthcare workers were forced to rely on deficient equipment from overseas manufacturers or expired equipment in the existing Strategic National Stockpile.

Even today, after months of efforts at the Federal, State, and local levels, we continue to face concerning deficiencies in PPE and other lifesaving medical equipment.

We must make robust long-term investments in our Nation's Strategic National Stockpile and manufacturing capability to better respond to future public health emergencies.

The Strengthening America's Strategic National Stockpile Act meets this need by increasing the annual authorization of the SNS to $705 million. This will allow the Federal Government to direct appropriate resources toward future emergencies.

The legislation will also allow the SNS to refresh and replenish stocks of critical manufacturing supplies before they are expired.

It also includes a provision my colleague Congresswoman JACKIE WALORSKI and I authored to create incentives to geographically diversify production of medical supplies and allow the SNS the flexibility to enter into leasing or joint ventures with manufacturers to quickly scale up production if needed.

The Strengthening America's Strategic National Stockpile Act is the culmination of months of bipartisan work, and I thank Congresswoman SLOTKIN, my colleagues on the Energy and Commerce Committee, as well as both Democrat and Republican committee staff for their efforts.

Mr. Speaker, the Strengthening America's Strategic National Stockpile Act is vital to both our public health and national security. I urge my colleagues to support this legislation, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 21, 2020.

Hon. CAROLYN B. MALONEY,
Chairwoman, Committee on Oversight and Reform, Washington, DC.

DEAR CHAIRWOMAN MALONEY: I am writing concerning H.R. 7574, the ''Strengthening America's Strategic National Stockpile Act of 2020,'' which was referred to the Committee on Energy and Commerce on July 13, 2020.

I appreciate you not seeking a sequential referral of H.R. 7574 so that the bill may be considered expeditiously. I acknowledge that forgoing your referral claim does not waive, reduce, or otherwise affect the jurisdiction of the Committee on Oversight and Reform over this legislation, or any appropriate legislation. I will appropriately consult and involve the Committee on Oversight and Reform as this bill progresses. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 7574 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON OVERSIGHT AND REFORM,
Washington, DC, September 21, 2020.

Hon. FRANK PALLONE,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR CHAIRMAN PALLONE: I am writing to you concerning H.R. 7574, the Strengthening America's Strategic National Stockpile Act of 2020. There are certain provisions in the legislation which fall within the Rule X jurisdiction of the Committee on Oversight and Reform.

In the interest of permitting your Committee to proceed expeditiously on this bill, I am willing to waive this Committee's right to sequential referral. I do so with the understanding that by waiving consideration of the bill, the Committee on Oversight and Reform does not waive any future jurisdictional claim over the subject matters contained in the bill which fall within its Rule X jurisdiction. I request that you urge the Speaker to name Members of this Committee to any conference committee which is named to consider such provisions.

Please place this letter into the Congressional Record during consideration of the measure on the House floor. Thank you for the cooperative spirit in which you have worked regarding this matter and others between our respective Committees.

Sincerely,

CAROLYN B. MALONEY,
Chairwoman.

Mr. GIANFORTE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 7574, the Strengthening America's Strategic National Stockpile Act, which was introduced by Representatives SLOTKIN and BROOKS.

The legislation that I cosponsored along with a long bipartisan list of others is a combination of bills to improve the Strategic National Stockpile, or SNS.

This includes allowing the SNS to sell off products in the stockpile before their expiration so that they could be used.

It directs the Secretary of Health and Human Services to examine user fee agreements, improve maintenance of the stockpile, and allowing for agreements with domestic producers of supplies to improve the supply chain to refresh and replenish existing stocks.

It also directs the Federal Emergency Management Agency and the Centers for Disease Control to report on distributions from the stockpile, as well as requests for supplies from State, local, Tribal, and territorial agencies. It would authorize a pilot program for establishing State stockpiles and increase the Strategic National Stockpile funding authorization to $705 million.

We need to ensure our country is prepared to deal with whatever health crisis it faces, no matter if it is disease, disaster, or terrorism.

I urge my colleagues to support this bipartisan legislation to refill and improve the Strategic National Stockpile.

Mr. Speaker, I urge adoption of this important legislation, and I yield back the balance of my time.

Mrs. DINGELL. Mr. Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 7574, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SCARLETT'S SUNSHINE ON SUDDEN UNEXPECTED DEATH ACT

Mrs. DINGELL. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 2271) to amend the Public Health Service Act to improve the health of children and help better understand and enhance awareness about unexpected sudden death in early life, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2271

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Scarlett's Sunshine on Sudden Unexpected Death Act''.

SEC. 2. ADDRESSING SUDDEN UNEXPECTED INFANT DEATH AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD.

Part B of title XI of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) in the part heading, by striking ''SUDDEN INFANT DEATH SYNDROME'' and inserting ''SUDDEN UNEXPECTED INFANT DEATH, SUDDEN INFANT DEATH SYNDROME, AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD''; and

(2) by inserting before section 1122 the following:

''SEC. 1121. ADDRESSING SUDDEN UNEXPECTED INFANT DEATH AND SUDDEN UNEXPECTED DEATH IN CHILDHOOD.

''(a) IN GENERAL.—The Secretary may develop, support, or maintain programs or activities to address sudden unexpected infant death and sudden unexpected death in childhood, including by—

''(1) continuing to support the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry of the Centers for Disease Control and Prevention and other fatality case reporting systems that include data pertaining to sudden unexpected infant death and sudden unexpected death in childhood, as appropriate, including such systems supported by the Health Resources and Services Administration, in order to—

''(A) increase the number of States and jurisdictions participating in such systems; or

''(B) improve the utility of such systems, which may include—

''(i) making summary data available to the public in a timely manner on the internet website of the Department of Health and Human Services, in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law; and

''(ii) making the data submitted to such systems available to researchers, in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law; and

''(2) awarding grants or cooperative agreements to States, Indian Tribes, and Tribal organizations for purposes of—

''(A) supporting fetal and infant mortality and child death review programs for sudden unexpected infant death and sudden unexpected death in childhood, including by establishing such programs at the local level;

''(B) improving data collection related to sudden unexpected infant death and sudden unexpected death in childhood, including by—

''(i) improving the completion of death scene investigations and comprehensive autopsies that include a review of clinical history and circumstances of death with appropriate ancillary testing; and

''(ii) training medical examiners, coroners, death scene investigators, law enforcement personnel, emergency medical technicians, paramedics, emergency department personnel, and others who perform death scene investigations with respect to the deaths of infants and children, as appropriate;

''(C) identifying, developing, and implementing best practices to reduce or prevent sudden unexpected infant death and sudden unexpected death in childhood, including practices to reduce sleep-related infant deaths;

''(D) increasing the voluntary inclusion, in fatality case reporting systems established for the purpose of conducting research on sudden unexpected infant death and sudden unexpected death in childhood, of samples of tissues or genetic materials from autopsies that have been collected pursuant to Federal or State law; or

''(E) disseminating information and materials to health care professionals and the public on risk factors that contribute to sudden unexpected infant death and sudden unexpected death in childhood, which may include information on risk factors that contribute to sleep-related sudden unexpected infant death or sudden unexpected death in childhood.

''(b) APPLICATION.—To be eligible to receive a grant or cooperative agreement under subsection (a)(2), a State, Indian Tribe, or Tribal organization shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including information on how such State will ensure activities conducted under this section are coordinated with other federally-funded programs to reduce infant mortality, as appropriate.

''(c) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States, Tribes, and Tribal organizations receiving a grant or cooperative agreement under subsection (a)(2) for purposes of carrying out activities funded through the grant or cooperative agreement.

''(d) REPORTING FORMS.—

''(1) IN GENERAL.—The Secretary shall, as appropriate, encourage the use of sudden unexpected infant death and sudden unexpected death in childhood reporting forms developed in collaboration with the Centers for Disease Control and Prevention to improve the quality of data submitted to the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry, and other fatality case reporting systems that include data pertaining to sudden unexpected infant death and sudden unexpected death in childhood.

''(2) UPDATE OF FORMS.—The Secretary shall assess whether updates are needed to the sudden unexpected infant death investigation reporting form used by the Centers for Disease Control and Prevention in order to improve the use of such form with other fatality case reporting systems supported by the Department of Health and Human Services, and shall make such updates as appropriate.

''(e) SUPPORT SERVICES.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator, shall award grants to national organizations, State and local health departments, community-based organizations, and nonprofit organizations for the provision of support services to families who have had a child die of sudden unexpected infant death or sudden unexpected death in childhood.

''(2) APPLICATION.—To be eligible to receive a grant under subsection (1), an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) USE OF FUNDS.—Amounts received under a grant awarded under paragraph (1) may be used—

''(A) to provide grief counseling, education, home visits, 24-hour hotlines, or information, resources, and referrals;

''(B) to ensure access to grief and bereavement services;

''(C) to build capacity in professionals working with families who experience a sudden death; or

''(D) to support peer-to-peer groups for families who have lost a child to sudden unexpected infant death or sudden unexpected death in childhood.

''(4) PREFERENCE.—In awarding grants under paragraph (1), the Secretary shall give preference to applicants that—

''(A) have a proven history of effective direct support services and interventions for sudden unexpected infant death and sudden unexplained death in childhood; and

''(B) demonstrate experience through collaborations and partnerships for delivering services described in paragraph (3).

''(f) DEFINITIONS.—In this section:

''(1) SUDDEN UNEXPECTED INFANT DEATH.—The term 'sudden unexpected infant death'—

''(A) means the sudden death of an infant under 1 year of age that when first discovered did not have an obvious cause; and

''(B) includes—

''(i) such deaths that are explained; and

''(ii) such deaths that remain unexplained (which are known as sudden infant death syndrome).

''(2) SUDDEN UNEXPECTED DEATH IN CHILDHOOD.—The term 'sudden unexpected death in childhood'—

''(A) means the sudden death of a child who is at least 1 year of age but not more than 17 years of age that, when first discovered, did not have an obvious cause; and

''(B) includes—

''(i) such deaths that are explained; and

''(ii) such deaths that remain unexplained (which are known as sudden unexplained death in childhood).

''(3) SUDDEN UNEXPLAINED DEATH IN CHILDHOOD.—The term 'sudden unexplained death in childhood' means a sudden unexpected death in childhood that remains unexplained after a thorough case investigation.

''(g) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $33,000,000 for each of fiscal years 2021 through 2024.''.

SEC. 3. REPORT TO CONGRESS.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, and biennially thereafter, the Secretary of Health and Human Services shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that contains, with respect to the reporting period—

(1) information regarding the incidence and number of sudden unexpected infant deaths and sudden unexpected deaths in childhood (including the number of such infant and child deaths that remain unexplained after investigation), including, to the extent practicable—

(A) a summary of such information by racial and ethnic group, and by State;

(B) aggregate information obtained from death scene investigations and autopsies; and

(C) recommendations for reducing the incidence of sudden unexpected infant death and sudden unexpected death in childhood;

(2) an assessment of the extent to which various approaches of reducing and preventing sudden unexpected infant death and sudden unexpected death in childhood have been effective; and

(3) a description of the activities carried out under section 1121 of the Public Health Service Act (as added by section 2).

(b) DEFINITIONS.—In this section, the terms ''sudden unexpected infant death'' and ''sudden unexpected death in childhood'' have the meanings given such terms in section 1121 of the Public Health Service Act (as added by section 2).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Mrs. DINGELL) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2271.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Mrs. DINGELL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 2271, the Scarlett's Sunshine on Sudden Unexpected Death Act.

This bipartisan legislation would address the longstanding tragedies of sudden unexpected infant deaths and sudden unexplained death in childhood, which collectively cost thousands of lives each year and result in heartbreak that no parent should ever have to experience.

Every year, about 3,500 babies die suddenly and unexpectedly in the United States before reaching their first birthday, a category of deaths known as sudden unexpected infant deaths.

□ 1800

Additionally, approximately 400 children between the ages of 1 and 18 also die unexpectedly from sudden unexplained death in childhood.

More research into the causes of SUDC and SUID is needed, and this legislation will redouble our efforts to better understand these tragedies and prevent future deaths.

Scarlett's Sunshine on Unexpected Death Act will establish grants to national and State organizations, as well as nonprofits, to improve data collection related to these deaths.

The legislation will also provide additional resources to increase education about safe sleep practices for children and infants, as well as authorizing funding to ensure death reviews are completed for all infant and child deaths.

It will provide support services for grieving families who are impacted by these tragedies.

Mr. Speaker, improving data collection and analysis of SUDC and SUID is a critical step in helping us understand and prevent these tragedies and ensure that no parent has to live with the pain that comes with losing a child.

Mr. Speaker, I thank Representatives MOORE, COLE, and HERRERA BEUTLER for leading this legislation and their years of advocacy and efforts on this issue.

Mr. Speaker, I also acknowledge Stephanie Zarecky. This legislation is named after her daughter, Scarlett, who tragically passed as a result of SUDC, and we wouldn't be here today without her leadership and pushing for action.

Mr. Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. GIANFORTE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2271, Scarlett's Sunshine on Sudden Unexpected Death Act, which was introduced by Representatives MOORE, COLE, HERRERA BEUTLER, and others.

The mother of Scarlett Pauley, the namesake for this bill, told her heartbreaking story to our committee back in January on the third anniversary of her daughter's death.

No parent should have to find their child dead, and especially of unknown causes.

This legislation would create grant programs at the Centers for Disease Control to State and local agencies and nonprofits to address sudden unexpected infant and childhood deaths.

These grants would support efforts to standardize investigations into these deaths to better understand the medical causes that trigger these tragic deaths.

With permission of the families, these grants would also support genetic testing to research the causes of death.

Finally, the bill requires the Department of Health and Human Services to help States and local governments review 100 percent of all infant and child deaths and enter such reviews into a national reporting system to help health researchers combat these tragedies.

Mr. Speaker, I urge adoption of this important legislation, and I yield back the balance of my time.

Mrs. DINGELL. Mr. Speaker, if we can in any way prevent parents from going through this horrific experience, we have an obligation to do so.

Mr. Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I rise today to express my strong support for H.R. 2271, the Scarlett's Sunshine on Unexpected Death Act. This legislation is critical to improving our understanding of sudden unexpected infant death.

Tragically, sudden unexpected infant death is the leading cause of death for infants from one month to one year of age.

As we discuss the Scarlett's Sunshine on Unexpected Death Act, I want to recognize all the parents who have turned their unimaginable grief into progress and whom I have had the immense pleasure of working with throughout the years.

This effort would not have been possible without parents like Laura Crandel, who tragically lost her daughter Maria, and John Kahan who lost his son Aaron to sudden unexpected infant death.

I have been working on the issue of sudden unexplained infant death and sudden unexplained death in childhood for years now. In 2014, I was fortunate enough to stand shoulder to shoulder with courageous moms like Laura as President Obama signed the Sudden Unexpected Death Data Enhancement and Awareness Act into law.

Today's bill builds upon these longstanding efforts by further strengthening our existing understanding of sudden unexpected deaths in infants and children, facilitating greater data collection and analysis to improve prevention efforts, and supporting grieving parents and families who have lost their son or daughter.

This bill takes a comprehensive approach to addressing one of the most tragic issues facing families today, and will help develop and deploy critical services to support them in their time of need. I am proud of the efforts in this bill to not only further the science but also support the families who have been impacted. While nothing can cure their pain, these programs will support families in their darkest hours.

I will continue to work on this issue until no more parents lose their child to SIDS, and I urge my colleagues to support this critical legislation.

Ms. MOORE. Mr. Speaker, I rise in strong support of the Scarlett's Sunshine on Sudden Unexpected Death Act.

I thank Chairman PALLONE, Ranking Member WALDEN, Subcommittee Chairwoman ESHOO, Subcommittee Ranking Member Dr. BURGESS, Congresswoman KUSTER, Congressman TOM COLE, Congresswoman JAMIE HERRERA BEUTLER, Congressman JOSH GOTTHEIMER and so many others who have heard the cries of hurting families that have experienced the tragic death of a child, often unexpected and without explanation.

I want to thank the advocates, like John Kahan, Judy Rainey, Stephanie Zarecky, Shelia Murphy, who have worked hard to help get this bill to the floor.

This bill is named after one of those children—Scarlett Lillian Pauley, Stephanie's daughter—who left this earth too soon. It is also a story about her family—her mom and her dad (and now her little sister) who took their personal pain and used it to begin to advocate to help prevent other families from having to go through what they did.

January 8, 2017 is a day that Scarlett's family will never forget. To this day, her family does not know what took Scarlett from them. But I hope that September 21, 2020 is also a day they or other families that have gone through this gut-wrenching experience will never forget. It's the day when this House stepped up to the plate to help ensure that their pain and loss was not in vain.

The statistics tell us that thousands of families experienced the unexpected death of an infant or child each year, with SIDS just one in this category. But we must never forget that this is not just about statistics.

It's about the real families, the real tears that have been shed, the real frustration when they can't get an answer for why even years after the death, and the real fear that lives with them.

I remember sitting down with Scarlett's mom, Stephanie, earlier this year after she had the privilege of sharing her story before the Energy and Commerce Health subcommittee. She and her husband have a little girl—I think she is 18 months or so—and I asked her if she still lived in fear that the same thing would happen again—and the answer was yes.

So today, we honor Scarlett and the others who lost their lives way too soon by passing this bill to strengthen existing programs to help get answers. To improve training so that these deaths are investigated thoroughly and uniformly across the country. Without knowing why, we can't act to stop these deaths.

I thank everyone who worked to help get us to this day and I urge my colleagues to vote Yes on this bill.

The SPEAKER pro tempore. The question is on the motion offered by

the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 2271, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MATERNAL HEALTH QUALITY IMPROVEMENT ACT OF 2020

Mrs. DINGELL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4995) to amend the Public Health Service Act to improve obstetric care and maternal health outcomes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4995

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Maternal Health Quality Improvement Act of 2020''.

SEC. 2. INNOVATION FOR MATERNAL HEALTH.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended—

(1) in the section designation of section 330M of such Act (42 U.S.C. 254c–19) by inserting a period after ''330M''; and

(2) by inserting after section 330M of such Act (42 U.S.C. 254c–19) the following:

''SEC. 330N. INNOVATION FOR MATERNAL HEALTH.

''(a) IN GENERAL.—The Secretary, in consultation with experts representing a variety of clinical specialties, State, Tribal, or local public health officials, researchers, epidemiologists, statisticians, and community organizations, shall establish or continue a program to award competitive grants to eligible entities for the purposes of—

''(1) identifying, developing, or disseminating best practices to improve maternal health care quality and outcomes, eliminate preventable maternal mortality and severe maternal morbidity, and improve infant health outcomes, which may include—

''(A) information on evidence-based practices to improve the quality and safety of maternal health care in hospitals and other health care settings of a State or health care system, including by addressing topics commonly associated with health complications or risks related to prenatal care, labor care, birthing, and postpartum care;

''(B) best practices for improving maternal health care based on data findings and reviews conducted by a State maternal mortality review committee that address topics of relevance to common complications or health risks related to prenatal care, labor care, birthing, and postpartum care; and

''(C) information on addressing determinants of health that impact maternal health outcomes for women before, during, and after pregnancy;

''(2) collaborating with State maternal mortality review committees to identify issues for the development and implementation of evidence-based practices to improve maternal health outcomes and reduce preventable maternal mortality and severe maternal morbidity;

''(3) providing technical assistance and supporting the implementation of best practices identified pursuant to paragraph (1) to entities providing health care services to pregnant and postpartum women; and

''(4) identifying, developing, and evaluating new models of care that improve maternal and infant health outcomes, which may include the integration of community-based services and clinical care.

''(b) ELIGIBLE ENTITIES.—To be eligible for a grant under subsection (a), an entity shall—

''(1) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require; and

''(2) demonstrate in such application that the entity is capable of carrying out data-driven maternal safety and quality improvement initiatives in the areas of obstetrics and gynecology or maternal health.

''(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of fiscal years 2021 through 2025.''.

SEC. 3. TRAINING FOR HEALTH CARE PROVIDERS.

Title VII of the Public Health Service Act is amended by striking section 763 (42 U.S.C. 294p) and inserting the following:

''SEC. 763. TRAINING FOR HEALTH CARE PROVIDERS.

''(a) GRANT PROGRAM.—The Secretary shall establish a program to award grants to accredited schools of allopathic medicine, osteopathic medicine, and nursing, and other health professional training programs for the training of health care professionals to reduce and prevent discrimination (including training related to implicit and explicit biases) in the provision of health care services related to prenatal care, labor care, birthing, and postpartum care.

''(b) ELIGIBILITY.—To be eligible for a grant under subsection (a), an entity described in such subsection shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(c) REPORTING REQUIREMENT.—Each entity awarded a grant under this section shall periodically submit to the Secretary a report on the status of activities conducted using the grant, including a description of the impact of such training on patient outcomes, as applicable.

''(d) BEST PRACTICES.—The Secretary may identify and disseminate best practices for the training of health care professionals to reduce and prevent discrimination (including training related to implicit and explicit biases) in the provision of health care services related to prenatal care, labor care, birthing, and postpartum care.

''(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $5,000,000 for each of fiscal years 2021 through 2025.''.

SEC. 4. STUDY ON TRAINING TO REDUCE AND PREVENT DISCRIMINATION.

Not later than 2 years after date of enactment of this Act, the Secretary of Health and Human Services shall, through a contract with an independent research organization, conduct a study and make recommendations for accredited schools of allopathic medicine, osteopathic medicine, and nursing, and other health professional training programs, on best practices related to training to reduce and prevent discrimination, including training related to implicit and explicit biases, in the provision of health care services related to prenatal care, labor care, birthing, and postpartum care.

SEC. 5. PERINATAL QUALITY COLLABORATIVES.

Section 317K(a)(2) of the Public Health Service Act (42 U.S.C. 247b–12(a)(2)) is amended by adding at the end the following:

''(E)(i) The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with other offices and agencies, as appropriate, shall establish or continue a competitive grant program for the establishment or support of perinatal quality collaboratives to improve perinatal care and perinatal health outcomes for pregnant and postpartum women and their infants. A State, Indian Tribe, or Tribal organization may use funds received through such grant to—

''(I) support the use of evidence-based or evidence-informed practices to improve outcomes for maternal and infant health;

''(II) work with clinical teams; experts; State, local, and, as appropriate, Tribal public health officials; and stakeholders, including patients and families, to identify, develop, or disseminate best practices to improve perinatal care and outcomes; and

''(III) employ strategies that provide opportunities for health care professionals and clinical teams to collaborate across health care settings and disciplines, including primary care and mental health, as appropriate, to improve maternal and infant health outcomes, which may include the use of data to provide timely feedback across hospital and clinical teams to inform responses, and to provide support and training to hospital and clinical teams for quality improvement, as appropriate.

''(ii) To be eligible for a grant under clause (i), an entity shall submit to the Secretary an application in such form and manner and containing such information as the Secretary may require.''.

SEC. 6. INTEGRATED SERVICES FOR PREGNANT AND POSTPARTUM WOMEN.

(a) GRANTS.—Title III of the Public Health Service Act is amended by inserting after section 330N of such Act, as added by section 2, the following:

''SEC. 330O. INTEGRATED SERVICES FOR PREGNANT AND POSTPARTUM WOMEN.

''(a) IN GENERAL.—The Secretary may award grants to States, Indian Tribes, and Tribal organizations for the purpose of establishing or operating evidence-based or innovative, evidence-informed programs to deliver integrated health care services to pregnant and postpartum women to optimize the health of women and their infants, including to reduce adverse maternal health outcomes, pregnancy-related deaths, and related health disparities (including such disparities associated with racial and ethnic minority populations), and, as appropriate, by addressing issues researched under subsection (b)(2) of section 317K.

''(b) INTEGRATED SERVICES FOR PREGNANT AND POSTPARTUM WOMEN.—

''(1) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), a State, Indian Tribe, or Tribal organization shall work with relevant stakeholders that coordinate care (including coordinating resources and referrals for health care and social services) to develop and carry out the program, including—

''(A) State, Tribal, and local agencies responsible for Medicaid, public health, social services, mental health, and substance use disorder treatment and services;

''(B) health care providers who serve pregnant and postpartum women; and

''(C) community-based health organizations and health workers, including providers of home visiting services and individuals representing communities with disproportionately high rates of maternal mortality and severe maternal morbidity, and including individuals representing racial and ethnic minority populations.

''(2) TERMS.—

''(A) PERIOD.—A grant awarded under subsection (a) shall be made for a period of 5 years. Any supplemental award made to a grantee under subsection (a) may be made for a period of less than 5 years.